

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 10 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # H27212

1. Entity Name

VILLAGES OF LAKE DOLORES, INC.

Principal Place of Business

1005 WEST LAKEVIEW DRIVE
SEBASTIAN FL 32958
US

Mailing Address

2515 KELLY DR.
SEBASTIAN FL 32958
US

2. Principal Place of Business

3. Mailing Address

2512 Kelly Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebastian

City & State

FLA

Zip

Country

Zip

32958

Country

4. FEI Number

59-2473081

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HYATT, NELSON C
1005 WEST LAKEVIEW DRIVE
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name Nelson C Hyatt

Street Address (P.O. Box Number is Not Acceptable)

2512 Kelly Dr.

City Sebastian Fla.

FL

Zip Code

32958

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Nelson C. Hyatt

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

6-3-2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
HYATT, NELSON C
1005 WEST LAKEVIEW DRIVE
SEBASTIAN FL 32958☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
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CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Nelson C. Hyatt President and Director

Date

6-3-2002

CR2E034 (9/01)